of OCCUPA.

See instructions on hack of

V. S. No. 1 ë

STATE OF MARYLAND-CERTIFICATE OF DEATH

I DEF	IL	7	10550
			10000
Registration	Dist.	No.	350

1. PLACE	OF DEATH	14 1 2 1 1 1 1 1		95-9		
County	Worcester			Registration Dist. No. 350		
	city Pocomoke			No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of r	esidenca in city or town whare	deeth occurredyrs.	mos	ds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL N	AME Gecie Ar	mstrong				
(a) Resid	ence: No.	(Usual place of abode	c)	St., Ward. If nonresident give city or town and State		
	NAL AND STATIST	ICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH		
s. sex Female	4. color or race	5. SINGLE, MARRIED, WORDIVORCED (write)		21. DATE OF DEATH October 18. 193 3. (Year)		
5a. If married, wid HUSBANO of (or) WIFE of	4 1	Bailey		22. I HEREBY CERTIFY, Thet I ettanded deceased from		
	H (month, dey, and yeer) Years Months	1 Oays If	B83 LESS than /,hrs.	I last saw h		
SAWYI	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc r business in which wes dona, as SILK MILL, IILL, BANK, etc	Housework		From the appearance of the body, the cause of death was probably content to weakened heart or a leaky heart		
10. Data deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 11. Totel tima (years) spent in this occupation 12. BIRTHPLACE (city or town) Maryland		S	No physician in attendence Other Contributory Causes of importence: no foul play.			
	Jessie Arms			Inquest not deemed nessasary		
	CE (city or town) Wor or country) Mary	cester Cour	nty	Name of operation Dete of Whet test confirmed diagnosis? Wes there an eutopsy? T		
15. MAIDEN N	MAME Emma Teas	rle		23. if death wes due to externel ceuses (VIOL ENCE) fill In elso the following:		
∑ (State	ce (city or town) WC or country) Ms	ryland	unty	Accident, suicide, or homicide?		
(Address)	Pocomoke Cit	T. MA				
Pocomok	ation or removal Hal	ls Hill Cer	metary , 19-33	Manner of injury		
19. UNOERTAKER (Address)	Ballard Brot Pocomoke Cit	hers y. Md		24. Wes disease or Injury In any wey releted to occupetion of decaesed?		
20. FILEO Oct	.20.,19.33		Y Registrar.	(Signed) John / Registrar (Address) Pocomove Ctt. Md		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
(2 8 P)		c 1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization for social condition see

V. S. No.

-	No			St.,	Ward
e d	eath occurred			ME instead of street and	
٥.		7.	On to tologic bitting	J13	11103
1	us	win	9		
	St.,	Ward			
1		MEDICAL		ent give city or town as	nd State
-	04 DAT			E OF DEATH	
	21. DA1	E OF DEAT	() class	11.17-	>
-			(Month)	(Day)	(Year)
-	22. 0	LHERE	BYCERTI	That I attende	d deceased from
	du		1 1933 to	Vet ST	L 19.33
	Viast saw h	alive or	act	152/195	death is said
	to have occ	red on the date	stated above, at		
		IPAL CAUSE OF	DEATH end related ca		
-	Mele as IO	nows.			Date of onset
	10	9)/		10/ 4
-		creps	al/ Jeme	rshage	115/3
				1	125
	Other Cout	ributory Causes of	Importance:		
-		1/			
-		/ foran	of legin	,	1920
1					
	Neme of op	peration		Date of.	
-	What test c	onfirmed diagnosi	s?	Was there as	au'opsy?
	23. If death	was due to externa	al causes (VIOL ENCE)	fill in also the followi	ng:
-	Accident, s	ulcide, or homicide	e?	_ Date of injury	, 19
	Where did i	injury occur?			
	Specify who	ether Injury occuri	red in INDUSTRY, in I	or town, county and Si HOME, or in PUBLIC F	LACE.
1	Manner of	injury			
-	Nature of i	njury			
	24. Was dise	ease or injury in a	iny way related to occ	upation of deceased?	
		ify)	01)		
	(Signe	d) /_ los_ >2	2 an	news	
-		(Address)	Ploop san	TW. (.1.	nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:	F	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		-		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10552
1. PLACE OF DEATH	(3)
County Warcesterairs	Registration Dist. No. 35/
Village or City I now the my	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME rona armstrong	
(a) Residence: No. (Usual place of abcde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Dey) (Year)
(or) WIFE of mife of Respield armstrong 6. DATE OF BIRTH (month, day, and year) lands mann	19.3 2 to 19.3 2 deep this said
7. AGE Years Months Days If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at borne SAWYER, BOOKKEEPER, etc.	Torgato descan ofmas Date of onet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necuration (month and	
O 10. Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Near 5 ware Hill, (State or country)	Other Contributory Causes of importance:
13. NAME Elen Russads	
14. BIRTHPLACE (city or town) near Snew Hill ma	Name of operation Date of
1 (State of country)	What test confirmed diagnosis? Was there on au'opsy?
15. MAIDEN NAME Seraha (unbrown) 16. BIRTHPLACE (city or town) NEON Snew Hill (State or country)	23. If death was due to external couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Rengaled armstrong (Address) 5 nam Idill will	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place gray full med Date Oct 12 ,19 33	Manner of Injury
19. UNDERTAKER Clies a Purnell (Address) Snaw Helf ma	24. Was disease or injury In any way related to occupation of deceased? 260
20. FILED 10/10, 1933 XERoy Swith. Registrar.	(Signed) Squillows M. D. (Address) Show M. D.
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No.

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Example I	-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Example II		
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N.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County County	elw n.	-CERTIFICATE OF DEATH Registration Dist. No.	54
Village or City // ear	ellable	No.	· //
Length of residence in city or town whe	()	If death occurred in a hospital or institution, give its NAME instead of streets. How long in U.S. if of foreign birth?yrs	t.,Wa et and number)
2. FULL NAME ECCY	us Bain	osyrs	mos
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or tow	n and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
Revol of	5. SINGLE, MARRIED, WIDOWED, OR DO ORCED (write the word)	21. DATE OF DEATH OF 23 (Month) (Day)	, 198 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I att	ended deceased fr
	May 15-133	, 19, to	, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months		11 11 11 11	; death is s
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at	
8. Trade, profession, or perticular	ormin.	were as follows:	Data oton
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.			
9. Industry or business in which		0-00	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et		& refluerya.	100
1D. Date deceased last worked et	11. Total time (years)	·	
this occupetion (month and ———————————————————————————————————	spant in this		
2. BIRTHPLACE (city or town)	Star ITon	Dther Contributory Causes of Importance:	
(State or country)	wland.	***************************************	
13. NAME Reelers	V. R		
0	132,000		
14. BIRTHPLACE (city or town) (State or country)	1carlant	Name of operation Date	of
	a geory	What test confirmed diagnosis? Was ther	e an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	bain	23. If death was due to external causes (VIOLENCE) fill in also the fol	lowing:
16. BIRTHPLACE (city or fown)	A	Accident, suicide, or homicide? Date of injury	19
(State or country)	acceland	Where did injury occur?	
7. INFDRMANT (Address)	Brown's	(Specify eity or town, county an Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLI	d State) IC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	- Par (Day 21 22	Manner of injury	
D	10	Nature of injury	
9. UNDERTAKER (Address)	blennett -	24. Was disease or injury in any way related to occupation of deceesed	12. 11.0
0. FILE Och 13, 133 Ha	well Tayler	(Signed) Vary 17 Jan	1 13
	Registrar,	(Address)	200

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEA				1048		10554
County_Word	ester				Registration Dist. No	222
Village Dr City_Berlin(If Length of residence in city or town where death occurredyrsmos			No. death occurred in a horpital or instituti			
					Totalgh whiteyio	
2. FULL NAME		E. Bride	111			
(a) Residence: No.		(Usual place		St., Ward.	If nonresident give city or to	
PERSONAL AI		ICAL PARTI	CULARS		ERTIFICATE OF DEA	TH
	olored		RIED, WIDOWED, D (write the word) . ed	21. DATE OF DEATH	(Month) (Day)	193 - (Year)
a. If married, widowed, or div HUSBAND of	orced			22. / LAHEREBY	CEDILEY The La	the make of the second from
(or) WIFE of Bridell			11 11 10	CERTIFY, That I at	198	
			Llast saw har alive on Ce		g3 € death is said	
7. AGE Years	Months	ebruary Davs	If LESS than	to have occurred on the date stated		
44	7	22	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEAT		Date of onset
8. Trade, profession, or kind of work done SAWYER, BDDKKE	particular , es SPINNER,			LA f		
SAWYER, BDDKKE	EPER, etc.			A Mount	garna	- Bure
9. Industry or business work was done, as SAW MILL, BANK	SILK MILL,	Laboted		\		
1 ID Date deceased last w	orked et	13 Total t	ime (years) nt in this 30 v			
this occupation (m	onth and Aug	1933 spa	ntin this 30y:	N /		
12. BIRTHPLACE (city or town	Mern	lond		Other Contributory Causes of impo	rtence: ·	2 mo
(State or country))	Land	,			
13. NAME W177	iam Bri	rel		/.	. 0 0	
14. BIRTHPLACE (city or				Name of operation Lucius	of wed	ate of
(State or country)	(OWII)			What test confirmed diagnosis?	by Hospital	ere an autopsy?
15. MAIDEN NAME M	artha P	itts		23. If death was due to external cause		
15. MAIDEN NAME M				Accident, suicide, or homicide?		
(State or country)	town)			Where did Injury occur?	and of mjory	
7. INFORMANTMTS. (Address)	George Berlin.	Bridel]	******	Specify whether injury occurred in	(Specify city or town, county INDUSTRY, In HOME, or In PUE	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR				Manner of injury		
Place St. P		DateOct	I3,19.33	Nature of Injury		
19. UNDERTAKER J	W. Burb	age, Ber	lin, Md.	24. Was disease or injury in eny wa		sed?
20. FILED Oct /3	1931 117	Muny	Registrar.	(Signed) (Address)	73-60	2 Proper

CERTIFICATE OF DEATH

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BURSAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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<u>M</u>	PE	国	·ly	ate.	ı
)R	4	ted	per	ific	
F	IS	sta	pro	cert	
MARGIN RESERVED FOR BIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX.	CAUSE OF DEATH in plain terms, so that it may be properly cla	TION is very important. See instructions on back of certificate.	
X.	F	plu	lay	3ck	
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	K-	hon	t m	ı be	
ES	Z	E	at i	0 5	
2	SN	VC	th	ons	
Z	DI		80	ucti	or complete
2	FA	lied	ms,	str	1
AF	NO	[dd]	ter	in	
Z	NE	S	ii.	See	
•	E	ully	pla	ند	
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V. S. No. 1	1	E	C		
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>	Z	1	- 6	1	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10000
County Horcerfur	Registration Dist. No. 353
Village or City Justin Bulle	ND. St., War
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Matilda X	Dunting
(a) Residence: No.	St., Waya.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 23, 193 3 (Month) (Day) (Year)
oa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ele, Th. Bunting	1932. I HEREBY CERTIFY, That I attended deceased fro
5. DATE OF BIRTH (month, dey, and year) March 3, 1868	I last saw han elive on Set 22 ,1993; deeth is se
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
(O)	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Date of ones
SAWYER, BDDKKEEPER, etc.	Cerebral Hzmorrhage 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
skind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
N. Ja	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Of amough Tubba	
13. NAME Damys Lubbs. 14. BIRTHPLACE (city or town) / Lubannag.	Neme of operation none Date of
(Stete or country)	What test confirmed diagnosis? NOTEL Was there an autopsy? H.
15. MAIDEN NAME PROPERTY AND ALLES	
15. MAIDEN NAME Hash Lynch 16. BIRTHPLACE (city or town) Howard and and and and and and and and and an	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT 6. It Buntyng	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Seska pulley mos	4
Place Bushassulle Date Oct, 25 19 33	Manner of Injury
19. UNDERTAKER MAS TON Casha Salas Datas	24. Was disease or injury in any way related to occupation of deceased?
(Address) Loughalle, All	If so, specify
	(Signed) C. 9. Holland M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Land II	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENENT TO THE TANK THE TENENT TO THE TENENT	DI ZIULI	1 010	T. C. I.C. T. I. I. I.	D A A A A A A A A A A A A A A A A A A A	AJL	T TT T DI CITATA

V. S. No. 1 B ż

County County	Registration Dist. No. Q 9
Village or City Car Sluthly	No. St Warr
Length of rasidance in city or town whare death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) 108. How long in U.S. if of foreign birth?yrsmosds
0 00:	
	No
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 9 19833
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaasad from
	, 19, 10, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, daath is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, at the first m.
ormin.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, atc	Stell Butl
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at this securation (month and	
0. Date daceased last worked at 11. Total time (years)	
this occupation (month and spantin this occupation occupation	
12 DIRTURI ACE (city or to a)	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME TO SEL DI PA	
13. NAME TO THE STATE OF THE ST	
(State or country)	Name of operation
IS. MAIDEN NAME ECLYPTION TO THE PROPERTY OF T	What tast confirmed diagnosis?
II	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury
201 NIO.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managaratists
Place of flring Dat Oct 10 193	Manner of injury
Plank NA CONTRACTOR	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of dacaased? 70
MX11 23 16 010-110	If so, specify the state of the
20. FILED CXT10 950 Havy 17 Toyl	(Signed) Turney 17 / Or In.

If mofe blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
\\ 8012				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

of OCCUPA.

THE A COLUMN TO SERVICE AS A COLUMN TO SERVIC	(92-0)	
County Worcester	Registration Dist. No. 355	
Village or City Berlin, (Length of residence in city or town where death occurred yrs. mo	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME Charles M. Cooper		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White 5a. If married, widowed, or divorced	21. DATE OF DEATH Oct 3 , 193 93 (Year)	
HUSBAND of (or) WIFE of Martha Cooper 6. DATE OF BIRTH (month, day, and year) October 23, 1870	22. I HEREBY CERTIFY, That I attended deceased from Q 5 3 19 3 death is said	
7. AGE Years Months Days If LESS than 62 II IO 1 day,hrs ormin.	to have occurred on the date stated above, at & m.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this year) 12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:	
13. NAME John Cooper 14. BIRTHPLACE (city or town) Maryland (Stete or country)	Name of operation Dete of Whet test confirmed diagnosis? Was there an europsy?	
15. MAIDEN NAME Sarah Pattey 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Mrs. Martha Cooper (Address) Berlin.	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Berlin, d. 18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Date 0 ct. 6, 19 33	Manner of Injury	
19. UNDERTAKER J. W. Burbage. (Address) Berlin, Md. 20. FILED 16 - 153 Jelen F. Hayward	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MOV 2-1933				
Other contributory causes of importance:		Other contributory causes of importance:	1241	
Gallstones	May 1,1923	Gastraenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, WITH

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Marces les	Registration Dist. No.
Village or City of como selle	The St., Wa
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Meriau Con	ttula.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 , 193 3 (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Caleb Centurar	22. I HEREBY CERTIFY, that I attended decesed fr
OATE OF BIRTH (month, day, end year) Leely 14-1899	I last saw h; deeth is si
AGE Yeers Months Oays If LESS then	to have occurred on the date stated ebove, at 0.0 f.m.
34 1/7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8 Tenda profession or particular	were estollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Su
9. Industry or business in which work wes done, as SILK MILL,	Spedden Rellation 19
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. 0ate deceased last worked at this occupation (month end	
this occupation (month end spent in this occupation	
Par IP'+	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town)	
The state of the s	Muse faction /
P7	
14. BIRTHPLACE (city or town) a country (State or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there en europsy?
15. MAIDEN NAME for great 20019 16. BIRTHPLACE (city or town) a court legellety (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
The transfer of the same of th	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT A COULT AND COLY WILL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Horacels Hell Cleupan Clo 10, 1953	Neture of injury
9. UNDERTAKER BRUSEL Stephenson	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) Pacous le Certy, Mis	If so, specify
20. FILEO Oct 14, 19.23 John 7 Biley	(Signed) M
Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 2 1933			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

RECOI	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate
HIS	be	be	Jo
NK-T	plnods	it may	n back
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOI	nation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
NLY, WITH	be carefully s	ATH in plain	mportant. Se
ITE PLAI	plnous uo	SE OF DE	N is very i
-WR	natic	CAU	rior

V. S. No. 1 N. B.-

		STATE C	F MAR	YLAND-	CERTIFICATE OF DEA	ATH 1	0559
1. PLA	CE OF D	EATH			(46)		
Cou	intyWor	cester			Registration	Dist. No. 3	55
		Newark, N			No	St.,	Ward
		in city or town where d			death occurred in a horpital or institution, give its NAM ds. How long in U.S. if of foreign birth?	IE instead of street and nu	mber)
					Towns and the state of the stat	yı 3	
		Martha S					
(a)	Residence: N	0	(Usual place	of abode)	St., Ward.	nt give city or town and S	laie
PE	RSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH	
3. SEX	ale 4. c	Colored		RIED, WIDOWED,	21. DATE OF DEATH (Month)	(Day)	1933 (Year)
5a. If marri HUSB. (or) V	ed, widowed, or AND of IFE of	divorced Eldringe	Davis			Y, That I ditended be	
6. DATE O	RIRTH (month	, day, and year) AT	ril 20.	I878	I last saw h alive on	5.4.319;	death is sai
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at	Im.	
	55	5	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	100	Date of onse
6 June	ustry or busine work was done SAW MILL, BA	ss in which , as SILK MILL, NK, etc	spa	re ime (years) niin this 45yr	Supstend Lyx	ruun	
	LACE (city or to				Other Contributer Course of Importances Inc	elivri	
2 13. NA	ME Char	les Sewel			expension of met	retures	
		or town) Mary			Name of operation	Data of	onev?
15. MA	IDEN NAME	Margaret	Wright		23. If death was due to external causes (VIOLENCE)		
15. MAIDEN NAME Margaret Wright 16. BIRTHPLACE (city or town) Maryland (Stata or country)			Accident, suicida, or homicide?				
17. INFORM	ANT Sy	lvania Da Cheste	vis r, Pa.		Specify whether injury occurred In INDUSTRY, In H	or town, county and State) OME, or in PUBLIC PLAC	E.
	cremation, care.	ter. Pa	Date Oct	I2, 19 33	Manner of injury		
19. UNDERT	dress)	Berli	W. Bur	bage	24. Was disease or Injury In any way related to occu	pation of decaased?	
20. FILED	10-901	1,1933 The	len F.	Laurende L. Registrar.	(Signed) (Address) VIII	~ Red	M. I
		If more	blanks are morded	J.Jan. Com. D.	. N OL 1 C D.L. D		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 2 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 8

RD.	YSIC	state	
REC0	PH	Exact	
MANENT	ACTLY	lassified.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on back of certificate.
HIS	be s	be 1	of c
NK-TI	should	it may	n back
ING II	AGE	that	tions o
JNFAD	pplied.	erms, s	instruc
1 1	lly su	lain 1	See
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RITE	tion s.	USE	on is
A	ma	CA	TI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10560
1. PLACE OF DEATH	
County It appearter	Registration Dist. No. 353
Village or City Showell	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME William a lis	harvon
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. Childen EBY CERTIFY, That I attended daceased from
- Jorg Journ Charles	N. 193 , to Oct 23 , 1983
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h elive on
7.3 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset 2 Weeks
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janney.	
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc 10. Date decaased last workad at this occupation (month and yaar) yaar) 11. Totel time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) It fullens (State or country)	Other Contributory Causes of Importance: The Market Causes of Importance: The Market Causes of Importance:
The second second second	32
13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A THE STATE OF MICHAELON (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Beiling +	Manner of Injury
Placa Buckinghen Date act 24, 1933,	Natura of injury
19. UNDERTAKER Mas Malashar Watsan (Address)	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED Oct 24, 19 Led Registrar.	(Signed) M.D. (Address) Darfur 2004
Registrar.	(Mudiass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Attentiosaterosas	1919		1 weck ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE PARTY OF	2 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 10561
1. PLACE OF DEATH	101:00
County Warreles	Registration Dist. No. 330
Village or City wear / measurely &	St., Ward
Length of residence in city or town where death occurredyrs. 47	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
1 - 1 '	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usualplace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Funcle 4. COLOR OR RACE OR DIVORCED (prite the	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. CHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) fune 18, 19	
	SS than to have occurred on the date stated above, at 10 5 m.
4 9 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	pronche remaina
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation occupation year) OCCUPATION	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Alagarette Gomerat	(Com-
13. NAME Jacob 1 7 may	
13. NAME Jacob Juney 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lella Cropper	23. if death was due to external causes (VIOLENCE) fill in also the following:
[O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
- (State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL TINLEY. CHAPE	Manner of injury
SOMBOE YSET, CO. MD Date Oct 27	, 19 7 3 Nature of injury
Ballard Bros	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER Pocomotee City. In	If so, specify
pet 27 03 What That	(Signed) all arker MO

(Address) Lawrence

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDING

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10563
1. PLACE OF DEATH	
County Warrester	Registration Dist. No.
Village or City to course teater	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Celevilentine M.	fould
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct /3 ,193 3 (Month) (Day) (Year)
(5a. If married, widowed, or divorced HUSBAND of Marriand. Jones	22. Oct HEREBY CERTIFY: That attended deceased from
6. DATE OF BIRTH (month, day, and year)	i last saw he alive on Colonia, 1933; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, a 500 f., m.
64 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) I a careful a stry Con (State or sountry)	Other Contributory Causes of importances Contributory Causes of importances Contributory Causes of importances
14. BIRTHPLACE (city or town) A Constant Constan	
4. BIRTHPLACE (city or town) A Clean (State or country)	Name of operation Date of Was there an autopsylone
IS. MAIDEN NAME OF DOGE PHON KAND	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A COMPANY CARDEN AND COMPANY	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece 600 Live Maria Date 2 5., 193.3	Manner of injury
19. UNDERTAKER BYLLOU STEP STEP STEP STEP STEP STEP STEP STEP	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Cot 15 , 19.33 John J Kily	(Signed)
Kegistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	940) 10561
F 1	county Worcesler	Registration Dist. No. 2 14
should of OCC	Village or City Stockton	No. St., Ward
0	- 0	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,
PHYSICIANS ict statement	2. FULL NAME LOTHER C. Lewis	
ICI I	// Xt. at D.	O. W. d
YS	(a) Residence: No. Processor (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Ex	3. SEX 4. COLOR OR RACE No. OR DIVORCED (garrie the word) Ough	21. DATE OF DEATH Oct (1) 193 3 (Year)
A C T	5a. If married, widowed, or divorced / HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C X	6. DATE OF BIRTH (month, day, and year) Zuckerow	1 1 1 1 1 1 1 1 1 1
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 10 m.
stated proper	59 9 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
	8 Trade profession or particular	Date of onset
be of	SAWYER, BOOKKEEPER, etc.	Cugua Ictiris unknow
should it may n back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7
sho titn on b	10. Oata deceased last worked at 11. Total time (years)	Body was examined
(F) 40 0	this occupation (month and Oct 1/38 spant in this hards	Ceff worleast by
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Lisus	Other Contributory Causes of importance:
	(State or country) Selowal	p. G. J. Killy
illy supplied. plain terms,	13. NAME Unknown	
sup sin te See i	13. NAME CLIPCION 14. BIRTHPLACE (city or town)	Nama of operation Date of
05 E	(State of country)	What test confirmed diagnosis? None Was there an au'opsy? No
n p	15. MAIDEN NAME Curpurou	23. If death was dua to axternal causas (VIOLENCE) fill in also tha following:
be carefully EATH in pla important.	15. MAIDEN NAME Curpurur 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
AT npo	(State or country)	Where did injury occur? (Specify city or town, county and State)
should be carefu OF DEATH in s very important	17. INFORMANT Mary C. Powley (Address) Stoketon my	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
sho E Ol	18. BURIAL, SEEMATION, OR REMOVAL	Manner of injury
	0atel U. 14, 105	Nature of injury.
mation s CAUSE TION is	19. UNDERTAKER Totus. 9. Curuell MA.	24. Was disease or injury in any way related to occupation of deceased?
(T)	20. FILE Dety, 133 Hang Proyely	(Signed) M. D
Samuel .	Registrar.	(Address) (Address) (Address Requesting 7) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

20. FILED Oct 20 19 33 IN Munch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOA 2 THE			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

1. PLA	CE OF	DEATH	1/17/11/		940	200	
Cou	County Worcester				Registration Dist. No.		
Villa	age or Cit	y Pocomoke Ci	ty		B ochoosata stara oo St.	Ward	
leno	oth of resid	ence in city or town where do	th accurred		f death occurred in a horpital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	ber)	
					syrsyrsyrsyrs		
		ESamuel Bayl	Ly Mc.1	laster			
(a)	Kesidenc	e: No	(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	te	
PE	RSON	L AND STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male		4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		D (write the word)	21. DATE OF DEATH Pocomoke City, October 14th. (Month) (Day)	3. 3. (Yeer)	
5a. If marrie HUSBA		d, or divorced					
(or) W				BXI II	22. I HEREBY CERTIFY, That I attended dec	eased from	
6 DATE OF	RIRTH (n	onth, day, and year) Send	8th	1870	(1) 1 10 550	eeth is said	
7. AGE	Years		Days	If LESS than	to have occurred on the date stated above, et	60(11 13 3010	
	63	1	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance		
Z 8. Trac	de, profess	ion, or particular				ate of onset	
20	SAWYER, I	rk done, as SPINNER, BOOKKEEPER, etcBOOKKEEPER,	k-kee	per	Corona Mamba: 19		
9. Inde	work was (Isiness in which Refore, es SILK MILL, Seve	etired	2970	7		
10. Date	e deceased	last worked at					
- 0 -	11. Total time (years) this occupation (month and year)		-				
12. BIRTHP	LACE (city	or town) Pocomoke	City		Other Coutributory Causes of importance:		
	te or count				The leaker 1	Duse	
13. NAA		n T.B. McMast				1	
13. NAM	THPLACE (city or town) Pocomo	ce City	У	Name of operation Date of		
	(Stete or c				What test confirmed diagnosis? Was there an eu'o	psy?	
15. MAI	DEN NAM	Elizabeth Gr	cace St	tevenson	23. If death was due to externel causes (VIOLENCE) fill in also the following:		
			Hill		Accident, suicide, or homicide? Date of injury	., 19	
- (State of County) F. a.t. y Lattu					Where did injury occur? (Specify city or town, county and State)		
	ANT MT dress) S	s.C.Russell now Hill.Mar	Higgin	1 <u>S</u>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE		
		N. OB REMOVAL metal		•	Manner of injury		
Place Pocomoke City Project 16th 1933.				6th 1933.			
	/1/	moulk	Time	MAN	24. Was disease or injury in any way related to occupation of deceased?	0	
(Address) Pocomoke City, Maryland.				and.	If so, specify		
20. FILED.C	get 1	6 1923 Juli	- 17 R	eles	(Signed) Artigues	M. D.	
ZU, FILEU		, 13		Registrar.	(Address)	my	
		If more bla	nks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore/Requesting V. S. No. 1.		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE C	OF MARY	YLAND—	CERTIFICATE OF DEATH	0567	
1. PLACE OF I	DEATH Coester			92-0		
	Danks			Registration Dist. No. 3.5	5 5	
Village or City_	Berlin		(H	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length of residence	a in city or town where	death occurred		sds. How long in U.S. if of foreign birth?yrsn		
2. FULL NAME	Paul D.	Morris				
(a) Residence:	No. Baker	Street,	Berlin	St Ward.		
(5) 11001001100.		(Usual place of	of abode)	If nonresident give eity or town and	d State	
	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTIE d		21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie B. Morris				22. I HEREBY CERTIFY, That I attended deceased fro		
6. DATE OF BIRTH (mon	th day and year) A	ugust 7.	1890	1 last saw h can alive on Retister 27, 1933	: death is said	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11.4m.	, 000111 10 3011	
43	2	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession	, or particular	65 M		mucarditis	Data of onset	
SAWYER, BOO	done, as SPINNER, OKKEEPER, etc.			assicular fibrillation		
9. Industry or busing work was don	e, as SILK MILL,	echanic		astic regurgitation.		
10. Date deceased la	ANK, etc 11. st worked at	11. Total tir	me (vears)			
this occupation year)	May 193	enon.	tin this 20yr	8		
				Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or (State or country)	town)FeIIIIS	ATABILTE.		dreverne by amnama gas	2 110	
13. NAME HAT	ry Morris			- in ich filgins	-grag	
I	or town) Pen		0	Name of acception		
(State or cour		HSATAGHI	A	Name of operation Date of What test confirmed diagnosis? Canucal Was there an	2	
15. MAIDEN NAME	Catherin	e McCull	ough	23. If death was due to external causes (VIOLENCE) fill in also the followin		
16. BIRTHPLACE (city	or town) Penn			Accident, suicide, or homicide? Date of injury	~	
E (State or cou	ntry)			Whera did injury occur?		
17. INFORMANT Mrs. Paul D. Morris (Address) Berlin, Md. 18. BURIAL, CREMATION, OR REMOVAL				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury		
Placa Ever	green-Gem	Date Oct.	. 29 19. 33	Nature of injury		
19. UNDERTAKER J. W. Burbage, (Address) Berlin, Md.				24. Was disease or injury In any way related to occupation of deceased?	no	
20. FILED 10 - 29-	. 1950 The	len F.	Haywar	(Signed) Thank Levris (Address) Williams md.	M. E	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PAGE AND REAL PROPERTY.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		1

STATE OF MARYL	AND—CERTIFICATE OF DEATH 10568
County Worcesfer	Registration Dist. No. 357
Village or City Sindlettee	
Length of residence in city or town where death occurredyr	rsds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No.	St., Ward.
(Usual place of about	de) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, OB TOVORCED (no.	widowed, if the word) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22 Mey 31 1932, to Oct 13 1933
6. DATE OF BIRTH (month, day, and year) akril. 27	1933 Ylast saw Arelive on Oct 13 1933 death is said
	If LESS than to have occurred on the date stated above, at 2, 30 Pm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	hill were as to low full worrang type reutonic Date of onset
9. Industry or business in which	account up was
work was done, as SILK MILL, SAW MILL, BANK, etc	
apont in the	ears) 7v.
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	7 0
1 011 11 11	
14. BIRTHPLACE (city or town). Manyland	
14. BIRTHPLACE (city or town) / Myloung (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Water 16. BIRTHPLACE (city or town) - Mary lawn	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT Mary Jacker	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cife Select My 18. BURIAL, CREMATION, OR REMOVAL A material Company of the Company of	d c no manufacture
Cal string Gridlette my Date Oct	Manner of Injury
19. UNDERTAKER Will Williams	24. Was disease or thiury in any way related to occupation of deceased?
20. FILED 10/16 1833 RELOY See	(Signed) M. (
	Registrar. (Andress) Dur Hell Md
If more blanks are needed, address	s State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.-

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
		-	-1/11

1	()	E	1	(1
1	U	U	U	4	,

County Worcester		24.50			
		Registration	n Dist. No. 352		
Village or City Beaan City			(1)	No	St., Wa
Length of a	residence In city or town when	re death occurred		ds. How long in U.S. if of foreign birth?	
2. FULL N	AME Capt. Wi	llliam B.	S. Powe	11	
	lence: No.			St., Ward.	
PERSO	NAL AND STATIS	(Usualplace		MEDICAL CERTIFICAT	nt give city or town and State
3, SEX	4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH	
Male	White	Marrie	D (write the word)	(Month)	(Day) (Year)
5a. If married, wid HUSBAND of	lowed, or divorced				VE
(or) WIFE of	Della K. I	Powell		22. THEREBY CERTIF	
6. DATE OF BIRT	H (month, day, and year)	Sept. 9.	T872		7 1933; death is sa
	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at/_/	Som.
1071	6I 0	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	Date of ons
8. Trade, pro	ofession, or particular of work done, as SPINNER, ER, BDDKKEEPER, etc.			Desbetes me	17
9. Industry	or husiness in which	4.	***************************************		
11 12 24 4	was done, as SILK MILL, MILL, BANK, etc	Juna	nees		
this or	eased last worked at coupation (month and 193	11. Iotal t	ime (years) nt in this upation40y:		, 1
	15		SPACE STATE	Dther Contributory Causes of importance:	1
12. BIRTHPLACE (State or c		Tann		Chi heft	1.1.
13, NAME	James Z. Po	well		107	
14. BIRTHPLA	CE (city or town)Mar	vland		Name of operation	Date of
(State	or country)			What test confirmed diagnosis?	
15. MAIDEN	NAME Eliza Co	ffin		23. If death was due to external causes (VIOL ENCE)	fill in also the following:
6 16. BIRTHPLA	CE (city or town)	Mary	land	Accident, suicide, or homicide?	Date of injury, 19
-) (State	or country)			Where did injury occur?(Specify city of	or town, county and State)
17. INFORMANT (Address)	Mrs. Willia	ity. Md.	L	Specify whether injury occurred in INDUSTRY, In H	OME, or in PUBLIC PLACE.
	ATION, DR REMOVAL	LLY, MICE		Manner of Injury	
Place	vergreen	Date Oct	-IO, 19-33	Nature of injury	
19. UNDERTAKER	Lw 1	Burk	ase.	24. Was disease or injury in any way related to occu	pation of deceased?
(Address)		Burli	no had	If so, specify	P
20. FILED / 10/	10 -103 ~	D.S.M.	wenting	(Signed)	1. dow M.
/		Las	Registrar.	(Address)	m bead !

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

T R. CORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
ERMANEN	EXACTL	y classified.	te.
IS IS A P	e stated	e properl	f certifica
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z	1	-	- 3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10570
1. PLACE OF DEATH	[3]
County Warrenter	Registration Dist. No. 35/
Village or City veen Snew Holl me	e. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Lennie Pruce	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female 4. COLOR OR RACE OR DINORCED (write the word) OR DINORCED (write the word)	21. DATE OF DEATH of the 26 1933 (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Widawed of Jaseph Price	22. I HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Sume & 1887	I last sawh Crelive on 10776, 193 3 death is seid
7. AGE Years Months Days If LESS then	to heve occurred on the data steted above, et 0 Pm.
2 /g 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
ormin.	wera es follows:
SAWYER, BOOKKEEPER, etc.	no who ties to Nalania of
9. Industry or business in which	A Comment of State of
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Orignancy .
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and yaar) yaar) occupation.	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) New Jraw fifle	f f
(State or country)	Chune Mphiles /
13. NAME Seul Turnell	
13. NAME Seul Purnell 14. BIRTHPLACE (city or town) Vea 5 Naw Hell	Neme of operation Date of
(State of Country)	What tast confirmed diagnosis Was there en eulops ? O
15. MAIDEN NAME Sallie Purnell	23. If deeth wes dua to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Sallie Purnell 16. BIRTHPLACE (city or town) rear 5 raw Ifill	Accident, suicide, or homicide? Dete of injury, 19
▼ (Stata or country) Muselland	Where did injury occur?
Winne Price	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CAMPAGE AND COMPANY CONTRACTOR OF THE CONTRACTOR OF THE COMPANY CONTRACTOR OF THE CONTRACT	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 1 29 , 19.33	Nature of Injury
Chan Grap ma	24. Was disease or injury In any way releted to occupetion of deceased?
19. UNDERTAKER CHAS (A GYPTALL) (Address) C MUSIC Shife MA	If so, specify
12/37 23 P. A 9 41	(Signed) Allaesche M. D.
20. FILED Of Control Registrar.	(Address) Snowthill, Me
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. Nn. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Waania?	1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(S	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
<	CORD. Every	PHYSICIANS	ct statement	
DING	IANENT REC	ACTLY. I	ssified. Exa	
X FOR BIN	S IS A PERM	stated EX	properly cla	back of certificate.
WARGIN RESERVED FOR BINDING	IG INK-THI	AGE should be	that it may be	IION is very important. See instructions on back of certificate.
MARGIN	CH UNFADIN	y supplied. A	ain terms, so	See instruction
•	AINLY, WIT	ld be carefull	DEATH in pl	11018 is very important. See instruc
	-WRITE PI	mation shou	CAUSE OF	TION IS VER

STATE OF MARYLA	AND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH		<u> </u>		
County Worksts		Registration Dist. No. 35/		
Village or City near Sum Will and		No. St., Ward		
Length of residence In city or town where death occurred	(II o	death occurred in a horpital or institution, give its NAME instead of street and number) Ods. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Boby Prize				
(a) Residence: No.		St., Ward.		
(Usual place of abod		If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULA 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED V		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write	the word)	21. DATE OF DEATH Oct 26 ,1933		
5a. If married, widowed, or divorced HUSBANO of		(month) (bay) (real)		
(or) WIFE of not movied		22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19		
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on		
	LESS than	to have occurred on the date stated above, at 4 Am.		
	y,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Date of onset		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this pecupation (month and		Dead vorie - Do Days		
work was done, as SILK MILL, SAW MILL, BANK, etc		midwefe		
10. Date deceased last worked et this occupation (month and year)	is /			
12. BIRTHPLACE (city or town) hers Inon Hill n	a ch	Other Contributory Causes of importance:		
(State or country)				
II 13. NAME Charles Blogse				
13. NAME Charles Bloss 14. BIRTHPLACE (city or town) hear known Hill	mol	Name of operation		
(Stete or country)	Van 10	What test/confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Jemil Punell 16. BIRTHPLACE (city or town) has him Hill	Mors 1	was due to external causes (VIOL ENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town) have A Area Hill	hoof	Accident, suicide, or homicide?		
0:		Where did Injury occur? (Specify city or town, county and State)		
17. INFORMANT Price Price		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL		Manner of Injury		
Place Health Chapel Date Get 26.	, 19.33.	Nature of Injury		
19. UNDERTAKER nach Price,		24. Was disease or Injury In any way related to occupation of deceased?		
(Address) I was thill med 12)	71	If so, specify Q ,		
20. FILED 10/26, 1933 \$ \$ \$ Coy See	ith	(Signed) & Eloy Suul & Right. D.		
	Registrar.	(Address) Another Hill mes #36/		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Arteriosclerosis TOS CENTED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1933	July 5,1927	Peritonitis	3 days ago	
RUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

County	Worces		R.F.D. #	2	on Dist. No. 350	
	vn/		(1	No. f death occurred in a hospital or institution, give its NA		
				sds. How long in U.S. if of foreign birth?	yrsmos ds	
	ME Dorothy	way Pur	Uett			
(a) Reside	nce: No	(Usual place	e of abode)	St., Ward.	lent give city or town and State	
PERSO	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICA	TE OF DEATH	
3. SEX Female	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October (Month)	2. , 193. 3	
5a. If marriad, wido HUSBAND of (or) WIFE of	wed, or divorced				FY. That I attended dacaasad from	
6. DATE OF BIRTH	(month, day, and year)	June	35.1933	I last saw h. e.r. alive on September		
7. AGE Ye	Months 3	Oays 5	If LESS than 1 day, hrs. ormin.	to have occurred on the data stated above, at .7. The PRINCIPAL CAUSE OF DEATH end related cwere as follows:		
SAWYER SAWYER	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc business in which as dona, as SILK MILL, LL, BANK, etc			Colitis	9/25/33	
- Cins occi	sad lest workad at upation (month end	Sp	tima (yaars) ant in this cupation	Other Contributory Causes of importence:		
12. BIRTHPLACE (c (Stata or cou		and				
I3. NAME	Henry Denni	S				
	E (city or town)r country) Mary	land		Name of operation What test confirmed diagnosis?	400	
15. MAIDEN NA	AME Willie P	urnell		23. If death was due to external causes (VIOLENCE		
15. MAIDEN NAME Willie Purnell 16. BIRTHPLACE (city or town) (State or country) Maryland				Accident, suicide, or homicide? Data of Injury		
(Addrass)	illie Purne Pocomoke Ci	ty.R.F.		Specify whether injury occurred in INOUSTRY, in	r or town, county and State) HOME, or in PUBLIC PLACE.	
	r County. Mo			Nature of injury		
	other Willi			24. Was diseese or injury in any way related to occ		
20. FILED_Oct.	3	om 7	Recipion	(Signed)	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10070
County Woreesle	Registration Dist. No. 352
Village or City M. O class City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marguret 2. Sac	ela
(a) Residence: No. 1- (See Long City (Usual place of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married Married	21. DATE OF DEATH (Month) (Day) (Year)
Ba. If married, widowed, or divorced HUSBAND of (or) WIFE of Malthern Society	22. CHEREBO CERTIFY that attended deceased from
6. DATE OF BIRTH (month, day, and year) AM 17-1885	i last saw h. et elive on Qef 10 - 753; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atAm.
48 1 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Do Do Come of Dina
SAWYER, BDOKKEEPER, etc.	Cerebret from those you
Rind of work done, as SPINNER, ACLASHIC SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and a spent in this second in the second in this second in the second	
D. Date deceased last worked at this occupation (month and \$ \$ 23 occupation 2.5	
Phila	Other Cantributary Causes of importance
12. BIRTHPLACE (city or town) Pa	U Niove
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I //	Name of operation Date of
14. BIRTHPLACE (city or town) Pac	What test confirmed diagnosis?
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
Ξ /	Accident, suicide, or homicide? Dete of injury,19
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Mulliam Speece (Address) m. a claim City mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Everyreen Cens Date 10/13 , 1933	
19. UNDERTAKER J. H. Burbuge (Address) Berlin, Paul	24. Was disease or Injury In any way related to occupetion of deceased?
20. FILED 10/12, 19.33 98. M wifes Registrar.	(Signed) Address) As Comment of the
If more blanks are needed address State Registrar	2411 N. Charles Street Baltimore Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

1. PLACE OF DEATH	(131)
County Morciples	Registration Dist. No. 357
Village or City Budleties	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME) fattie west lips	e Jaw
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white word)	21. DATE OF DEATH Oct 26 1933 (Month) (Day) (Year)
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of William J. Jaw	22: Mah 12 CERTIFY, Jhat I attended deceased from 1937, to Oct 26 1933
5. DATE OF BIRTH (month, day, and yeer) March 18 1876	I last saw h 12 alive on Oct my 1933; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 1 dey,hrs	THE PRINCIPAL CAUSE OF DEATH and leaded causes of importance
8. Trade, profession, or particular	Date of one 1930
kind of work done, es SPINNER, Hause Me	apilepsy.
9 Industry or business in which work was done, as SILK MILL, Sundonne SAW MILL, BANK, etc.	J/ # /
this cood potton (months and) and) and) and) and in this	
year) occupation	Other Contributory Causes of importance:
12. B1RTHPLACE (city or town)	
(State or country) These Melinia	
13. NAME Don't Knowl	
13. NAME Don't from 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Lynn Was there an au'opsy?
15. MAIDEN NAME Aunt R	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury Occur?
Ray V - hand	(Specify city or town, county and State)
7. INFORMANT (Address) Handle Transfer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Worlds forum West Mugane 10	Nature of injury
19. UNDERTAKER Lange & He was for the land of the land	24. Wes disease or injury In any way related to occupation of deceased?
20, FILED 10/26/33, 19 ReRoy Lewith,	(Signed) Du Au July M.
Registrar.	(Address) Duow / Hul gra

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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E	xample I -		Example II	
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Arteriosclerosis	2 5083	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	H (30 05 1500)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURDAU-V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-3	4 1	Per	31119		
-	7-7	10	1	1	
	V.	5	- 12	15	
-75	1.4		-	4	

1. PLACE OF DEATH	(31)
County Worcester	Registration Dist. No. 355
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Goorge Tindley	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (teal)
HUSBANO of (or) WIFE of Hattie Tindley	HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw how alive on Oel (1933; death is said
7. AGE Years Months April 26 1880	to have occurred on the date stated above, et // R m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
53 5 9 ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	Disassura
Industry or business in which	
work was done, as SILK MILL, Farmer SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and a spant in this	
this occupation (month oct. 1933 spant in this year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	million ti-
13. NAME CANADA	- Janes Car
13. NAME Charles Tindley 14. BIRTHPLACE (city or town) Maryland	Name of operation Oate of
14. BIRTHPLACE (city or town) Maryland (State or country)	
	What test confirmed diagnosis?
I Wacusel Dammond	23. If death was due to external causes (VIOLENCE) fill In also the following:
[5] 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?
- (Coase of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. George Tindley (Address) Berlin, Md R. F. D.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Germantown Date Get 8 19 3	Nature of injury
19. UNDERTAKER J. W. B. WILTO gel (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-8, 1933 Helen F. Hays	(Address) Serlin M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	3	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. No. 1	D		AARGIN RESERVED FOR BIND	RES	ERVE	Д	FOR	BIND
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	AINLY,	WITH	UNFADI	NG IN	VK-TH	IS	IS A I	ERMA
mation should be carefully supplied. AGE should be stated EXA	d be car	efully s	upplied.	AGE	Should	e e	stated	EXA
CAUSE OF DEATH in plain terms, so that it may be properly class	DEATH	in plain	terms, so	that	it may !	oe 1	proper	y class

2. FULL NAME George Emory Tingle	
Village or City Berlin (If death Length of residence in city or town where death occurred yrs mos. 2. FULL NAME George Emory Tingle	No. St., Ward th occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
Length of residence in city or town where death occurredyrs,mos 2. FULL NAME George Emory Tingle	th occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME George Emory Tingle	
(a) Pacidanas No Roma de Ma	01
(a) Residence: No. Berlin Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 5a. If married, widowed, or divorced HUSBAND of	L. DATE OF DEATH 6 T 28 - , 193 (Year)
(or) WIFE of Julia Tingle	I HEREBY CERTIFY, That I attended deceased from 19
BOOGMOOL SI LOIL	last saw h; death is sai
_ lday bre _	o have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	vere as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	0.1.101
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this eccuration (months and some particular in the control of the cont	Cerebral Hemorrhage,
10. Date deceased last worked at this occupation (month and 1931 spant in this 40 yr s-	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of importance:
E 13. NAME Henry Tingle	Ju. Tupprico
Marvland	
	lame of operation
15. MAIDEN NAME Ellen Purnell 23.	What test confirmed diagnosis? Was there an autopsy? . If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland Ac	Accident, suicide, or homicide? Date of injury19
	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Germantown Cemps Oct. 31, 10 33	Nanner of injurylature of injury
	. Was disease or injury in any way related to occupation of deceased fso, specify
20, FILED. Oct \$1, 1933 IV Mumfood Registrar.	(Signed) (Address) Bank: Take M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	74 - 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-

	F MARYLAND—	CERTIFICATE OF DEATH 10577
1. PLACE OF DEATH County Worcester		(46)
	C • A	Registration Dist. No. 352
Village or City West Oce	ean City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Winfred	L. Waller	
(a) Residence: No.	,	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
Male White	S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (swrite the word)	21. DATE OF DEATH Oct 29 ct (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Lottie Wall	er	1932 19 to Oct . 19 33
6. DATE OF BIRTH (month, day, and year) Se	ptember 5. I873	I last saw him elive on Ot 20 19.83 death is sai
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 11. 30 Am.
60 I	24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Jacanomy of Stomoch 1974
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	***************************************	1/
work was done, as SILK MILL, SAW MILL, BANK, etc.	Laborer	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years)	
12. BIRTHPLACE (city or town)	ware	Other Contributory Causes of Importances
13. NAME John Waller		
13. NAME John Waller 14. BIRTHPLACE (city or town) Del	ware	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIOEN NAME Martha	Vindsor	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Martha 16. BIRTHPLACE (city or town) Dela	aware	Accident, suicide, or homicide?
(State of Country)		Where did Injury occur?
17. INFORMANT Mrs. Walte: (Address) Ocean	r Bratten Sity, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Seaford, Del-	Date NOV. I 19.33	Nature of injury
19. UNOERTAKER J. W. Burbs	ge, Berlin, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 10 31 , 1933 S	. S. Munford Registrar.	(Signed) Ca Holland M. (Address) Voerlin md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
100 S 100 S	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

19. UNDERTAKER

(Address)

should state

of OCCUPA-

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	0578
County Warash		Registration Dist. No. 3 3	9
Village or City Newarl	n mel	NoSt.,	Ward
Length of residence in city or town where 2. FULL NAME	death occurred yrs mo	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH	, 193
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) 22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 22 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and	Dec 14 1912 Deys If LESS than I day, hrs. or min.	to have occurred on the date stated abovo, et 10 2 m.	Date of onset
12. BIRTHPLACE (city or town) Yellow (State or country)	11. Total time (years) spant in this occupation. wh, md.	Other Contributory Causes of importance: Lehnulors	success
14. BIRTHPLACE (city or town) (State or country)	wern, ma	Name of operation Date of What test confirmed diagnosis? Was there an	au'opsy?
15. MAIDEN NAME Julia 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Quillet (Address)	Verter vala ma	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 te)
18. BURIAL, CREMATION OR REMOVAL	at 99 23	Menner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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B V UAR DE THE THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	111191,1000	The state of the s	1

state OCCUPA.

1. PLACE O

2. FULL NA (a) Resider

Female

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

10. Date decees this occu

3. SEX

7. AGE

OCCUPATION

PLACE OF	DEATH Worcester		WINKIN O	CERTIFICATE OF DEATH Registration Dist. No.	0579
	Pocomoke C		(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and	
			yrs4mos	ds. How long In U.S. If of foreign birth?rs	osds.
	E Emily Kell				
(a) Residence:	No. Pocomoke	(Usual place		St., Ward.	
PERSONA	L AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	State
	. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
emale	White		(write the word)	October 27th, 1933, (Month) (Day)	, 193
married, widowed, HUSBAND of (or) WIFE of		hite,		22. I HEREBY CERTIFY. Thet I ettended I did not attende the tdeceased. She attended by J. Harry Biron, of gri Mast saw h. Chiropractor, covering a per to heve occurred on the date stated abovo, et I. 15 P. M. 11 y	deceesed from
E Years	Months	Days	If LESS than	to heve occurred on the date stated above et 1.15 P.M. 11	iod of
77	5	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	Date of onset
9. Industry or bus	k done, as SPINNER, OKKEEPER, etc iness in which	Housewife	2	Apoplexy or Cerebral hemorrhage	10/24/33.
O. Date deceesed this occupet	ne, as SILK MILL, BANK, etcast worked at ion (month end		me (years) t In this pation	Chronic interstitial nephritis and arterioclerosis;	10 years
IRTHPLACE (city of (Stete or country	rtown) Dames Q	uarter, ounty, Ma	1.	Other Contributary Causes of importance: Exhaustion	10 doss
To	W TO 17 - 13		-		10 days.

Manner of injury

12. BIRTHPLACE (ci (Stete or cou FATHER

13. NAME James F. Kelly

Dames Quarter. 14. BIRTHPLACE (city or town) (Stete or country) Somerset

15. MAIDEN NAME Lewis

MOTHER 16. BIRTHPLACE (city or town) Hunting Creek, (State or country) Accomac County

17. INFORMANT Princess Anne. Md (Address)

18. BURIAL, CREMATION, OR REMOVAL

....Date October 29,th 53.

19. UNDERTAKER

(Address) Princess

Accident, suicide, or homicide?_____ Dete of injury_____ 19____ Where did Injury occur?____

What test confirmed diagnosis? Was there en autopsy?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

23. If death wes due to external causes (VIOLENCE) fill In also the following:

Neture of Injury 24. Wes diseese or injury in any way releted to occupation of deceesed?

If so, specify (Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. GIVEN IS CORRERY CONKIDENX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year